

PUBLIC HEALTH DEPARTMENT[641]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 135.131 and 2017 Iowa Acts, Senate File 51, the Iowa Department of Public Health hereby gives Notice of Intended Action to amend Chapter 3, “Early Hearing Detection and Intervention (EHDI) Program,” Iowa Administrative Code.

Infants born to mothers infected with cytomegalovirus (CMV) during pregnancy may develop a congenital CMV infection, which may lead to hearing loss or other serious complications. The proposed amendments add definitions for “congenital cytomegalovirus” and “cytomegalovirus,” add testing for CMV to the rule that outlines the procedure to accommodate parental objection, and outline the procedure for documentation of parental refusal of newborn testing for CMV.

Any interested person may make written comments or suggestions on the proposed amendments on or before January 9, 2018. Such written comments should be directed to Kimberly Piper, Bureau of Family Health, Department of Public Health, 321 East 12th Street, Des Moines, Iowa 50319. Comments may be sent by email to kimberly.piper@idph.iowa.gov.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 135.131 and 2017 Iowa Acts, Senate File 51.

The following amendments are proposed.

ITEM 1. Adopt the following **new** definitions of “Congenital cytomegalovirus” and “Cytomegalovirus” in rule **641—3.1(135)**:

“*Congenital cytomegalovirus*” or “*cCMV*” means an infection where cytomegalovirus is transmitted to the fetus in the prenatal period.

“*Cytomegalovirus*” or “*CMV*” means a kind of herpes virus that usually produces very mild symptoms in an infected person but may cause severe neurological damage in a person with a weakened immune system and in a newborn.

ITEM 2. Amend rule 641—3.2(135) as follows:

641—3.2(135) Purpose. The overall purpose of this chapter is to establish administrative rules in accordance with Iowa Code section 135.131 relative to the following:

1. Universal hearing screening of all newborns and infants in Iowa.
2. Facilitating the transfer of data to the department to enhance the capacity of agencies and practitioners to provide services to children and their families.
3. Establishing procedures for infants who were not screened or do not pass their initial hearing screening to receive appropriate follow-up to determine if the infants have normal hearing or have hearing loss.
4. Establishing the procedure for distribution of funds to support the purchase of hearing aids and audiologic services for children.
5. Establishing the procedure for documentation of parent refusal of newborn testing for congenital cytomegalovirus.

ITEM 3. Amend rule 641—3.13(135) as follows:

641—3.13(135) Procedure to accommodate parental objection. These rules shall not apply if the parent objects to the hearing screening, diagnostic audiologic assessment, or cCMV testing.

3.13(1) If a parent objects to the screening, the birthing hospital, birth center, physician, or other health care professional shall obtain a written refusal from the parent or guardian on the department newborn hearing screening or diagnostic audiologic assessment refusal form and shall maintain the original copy of the written refusal in the newborn's, infant's or child's medical record.

3.13(2) The birthing hospital, birth center, physician, or other health care professional shall send a copy of the written newborn hearing screening or diagnostic audiologic assessment refusal form to the department within six days of the birth of the newborn.

3.13(3) If a parent objects to a hearing rescreen or diagnostic audiologic assessment orally to a department EHDI staff member during follow-up, the staff member shall document the refusal in the department's designated reporting system and mail to the parent or guardian the department newborn hearing screening or diagnostic audiologic assessment refusal form in an attempt to obtain a written refusal to be maintained in the newborn's, infant's or child's medical record.

3.13(4) If a parent objects to cCMV testing, the birthing hospital, birth center, physician, or other health care professional required to ensure cCMV testing shall obtain, on the department cCMV testing refusal form, a written refusal from the parent or guardian, shall maintain the original copy of the written refusal in the child's medical record, and shall send a copy of the written refusal to the department within 21 days of the child's birth.